

09/719397

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/19/93
2	✓	✓	5/20/93
3	✓	✓	5/20/93
4	✓	✓	5/20/93
5	✓	✓	5/20/93
6	✓	✓	5/20/93
7	✓	✓	5/20/93
8	✓	✓	5/20/93
9	✓	✓	5/20/93
10	✓	✓	5/20/93
11	✓	✓	5/20/93
12	✓	✓	5/20/93
13	✓	✓	5/20/93
14	✓	✓	5/20/93
15	✓	✓	5/20/93
16	✓	✓	5/20/93
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28	✓	✓	5/20/93
29	✓	✓	5/20/93
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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